

Attachment B – Work Group Comments by Theme

- ❖ **Education**
- ❖ **Outreach and Engagement**
- ❖ **Access to Services**
- ❖ **Services Quality and Design**
- ❖ **Family/Caregiver Inclusion and Support**
- ❖ **Physical Health**
- ❖ **Policy**
- ❖ **Health Insurance and Social Benefits**
- ❖ **Advocacy and Stigma Reduction**

DRAFT
Education Theme
Work Group Comments

- ❖ **Education** – Attendees emphasized in many ways the vital importance of a broad education effort to inform our communities, empower consumers and their families and caregivers; and to enhance the skills of those who are providing essential services to seniors in our culturally diverse communities. This was determined to be needed for all audiences – seniors, family members, community residents, service providers, senior advocates, and policymakers.



Theme	Work Group Comments	Present Reality	Actions to Improve System	Vision
Education	Workforce Issues: PCPs needs education re: geriatric resources + skills	✓		
	Lack of awareness of depression	✓		
	Full year school year preparedness with youth	✓		
	Lack of Educatin + Preparedness re:	✓		
	SGEC training resource funding at risk	✓		
	SGEC – offers training in ethnogeriatrics	✓		
	MH clinicians need CBT training, suicide safety planning	✓		
	Lack of education on resources/mental health to faith based communities	✓		
	People want to be trained but don't know or have resources to get the training/education.	✓		
	Seniors technology barriers (computer literacy)	✓		
	Access with 1-800 number	✓		
	Technology can be an access barrier for seniors	✓		
	All the information useful	✓+		✓
	211, Call Center	✓+		
	Website to post questions	✓+		

Theme	Work Group Comments	Present Reality	Actions to Improve System	Vision
	sccgov.org\daas	✓+		
	Lack of emphasis in schools toward gerontology training	✓-		
	Not recognizing MH issues in the elderly	✓-		
	Loss of function and how to cope	✓-		
	How to accept mental illness		✓	
	Educate ministers/priests who judge suicide		✓	
	Marketing – awareness		✓	
	Promoting - self-worth		✓	
	Education – depression		✓	
	Public Service Announcements to “market” mental health as a regular part of wellness and healthcare. (something like the Kaiser advertising campaign “Thrive”)		✓	
	Reframing of mental health		✓	
	Educate/demystify		✓	
	Recognize symptoms		✓	
	Lack of knowledge of services; transportation		✓	
	Educate drivers		✓	
	Improved education of medical providers		✓	
	Educate medical providers about what is normal aging		✓	
	Educate case managers about MH		✓	
	Include life experiences in service/during training		✓	
	Curriculum development about good MH practices: prevention and understanding mental illness. K-12		✓	
	Education incentives to get more students into gerontology		✓	
	More education for workforce that r working (with?) seniors		✓	
	Hiring more MH professionals		✓	
	Need to increase education at national and local level.		✓	
	Understanding of sexuality and intimacy in older adults		✓	
	More education in the community by MH workers		✓	

Theme	Work Group Comments	Present Reality	Actions to Improve System	Vision
	Training community ethnic leader to provide services		✓	
	More primary care knowing resources and referring		✓	
	More training for service providers on resources/services in county		✓	
	Public education regarding MH/stigma, especially within ethnic communities		✓	
	More sensitivity /training for hospital. Need better communication with caregivers;\ AND discharge planner		✓	
	Have hospitals include flier with bill about ability to pay program		✓	
	Educate about "ability to pay" program		✓	
	Have faith communities have a resource binder		✓	
	Mental Health First Aid		✓	
	Programs are out there- request (provide) speakers		✓	
	Have client testimonies		✓	
	Continuing to acknowledge the value of a perso		✓	
	Create a positive perception of aging		✓	
	Get High Tech corps involved with assistive devices for OAs		✓	
	Develop FB + Tweet for older adults		✓	
	Anjna writing Ipad applications for use in clinics, identify community resources (Stanford)		✓	
	Focus on health lifestyle		✓	✓
	Start with children about mental health		✓	✓
	Need information all in <u>one</u> place			✓
	Mental health as part of wellness			✓
	signed before group visit, subject specific---psychoed. on topic			✓
	Patients well-educated prior to making treatment decisions			✓
	Psychoeducational/social engagement/personal connection			✓
	>\$ training + education			✓
	SGEC training in ethnogeriatrics			✓

Theme	Work Group Comments	Present Reality	Actions to Improve System	Vision
	Increased financial incentives for geriatricians			✓
	Training to support integration efforts			✓
	School-based education, prevent			✓
	Focus on Health promotion + prevention			✓
	Hi tech resources for OA??			✓

DRAFT
Outreach and Engagement Theme
Work Group Comments

- ❖ **Outreach and Engagement** – Summit participants brought into focus the critical importance and necessity for active, ongoing efforts by individuals, families, community members and providers to facilitate connections with elders who may benefit from mental health services. It was recognized that in some cases this will involve collaborative, multi-system efforts.



Theme	Work Group Comments	Present Reality	Actions to Improve System	Vision
Outreach and Engagement	People are willing – they need guidance!	✓		
	How do we handle those in denial?	✓		
	Get seniors to accept services	✓		
	Communicating service (better job at outreach)	✓		
	Lack of outreach for MH services, especially to ethnic minority populations	✓		
	How are we making out communities aware of the problems	✓	✓	
	Address defense mechanisms		✓	
	Outreach		✓	
	Another summit		✓	
	Conference to coordinate		✓	
	More outreach about caregiver support groups		✓	
	Connect with elders living in long term care community		✓	
	Create trust		✓	
	ID who didn't attend that needed to		✓	

Theme	Work Group Comments	Present Reality	Actions to Improve System	Vision
	Innovative comuntiy outreach through (community theater dance troupe)			✓
	Community outreach in the community; meeting people where they live			✓
	Better job at reaching individuals who are isolated			✓
	Need more outreach to ethnic communities			✓

DRAFT
Access to Services Theme
Work Group Comments

Access to Services - It was acknowledged and stressed that access to effective mental health services must be easily available and tailored to older adults, including such supportive services as trust-building, advocacy and transportation.



Theme	Work Group Comments	Present Reality	Actions to Improve System	Vision
Access to Services	Limited resources for non-SMI MH needs – almost none for low income	✓		
	OAs have difficulty accessing MHD services for 1st time users	✓		
	MHD difficult access + staffing lacks specialized geriatric training	✓		
	Services available	✓+		
	Santa Clara County we serve the uninsured	✓+		
	Santa Clara County we serve the uninsured	✓+		
	Referrals but must be voluntary		✓	
	County mental health crisis line for elderly: 800 # confidential		✓	
	Pamphlets for those who do not have internet/computer access		✓	
	800# hotline/warm line		✓	
	Website visuals rather than words as an option for elders		✓	
	Partnership with VA as regards to eligibility not all Veterans are VA eligible		✓	
	Update the 2-1-1 line; needs improvement		✓	
	We need to figure out how to find the money to cover the uninsured			✓

DRAFT
Service Quality and Design Theme
Work Group Comments

- ❖ **Service Quality and Design** – The delivery of suitable, comprehensive, person/family-centered, quality, affordable, effective and compassionate mental health services for older adults, was stressed throughout every conversation.



Theme	Work Group Comments	Present Reality	Actions to Improve System	Vision
Service Quality and Design	Bureaucracy	✓		
	(need) Capacity for us to treat individuals with dual diagnosis	✓		
	Quality of services provided	✓		
	Hospital discharge – inefficient. Families not given consideration, not given enough time for safe discharge	✓		
	Lack of home based services	✓		
	Difficulty navigating different agencies	✓		
	Lack of sensitivity towards needs	✓		
	Need more respite care options/opportunities	✓		
	Lack of staffing	✓		
	System needs identified resource to assist with transition details---Care Management	✓		
	Navigating/system/advocacy	✓		
	Hotline for PCPs?	✓		
	Public Gurdian’s Office needs consultative services from psychiatrists	✓		
	Lack of coordinated, multidisciplinary care teams for complex patients	✓		
No geriatric MH services	✓			

Theme	Work Group Comments	Present Reality	Actions to Improve System	Vision
	MHD used to have specialty OA unit + collaborations + now doesn't	✓		
	Limited MH with PsyMed	✓		
	MH not part of PCP discussion with patient	✓		
	OA patients with severe behavior problem – gets bounced with no treatment for dementia/neuro	✓		
	Mistaking treatment alliance for self disclosure re: Suicide Risk	✓		
	Structure of delivery not effective	✓		
	MHD extending non-SMI services in selected County clinics	✓		
	MD system---15 minute slot---too little for these patients	✓		
	Insufficient psychiatrists	✓		
	Lack of staff interested in geriatric	✓		
	Geriatricians not paid as specialists	✓		
	Preventive strategies	✓+		
	More case management services, especially low cost		✓	
	Log of frustrating service gap and let higher ups		✓	
	Flexibility (time)		✓	
	In-home services		✓	
	El Camino Hospital		✓	
	Mental health mobile unit		✓	
	MH First Aid		✓	
	“Psychology service”		✓	
	Mental health for non chronically ill		✓	
	Lower level mental health		✓	
	Experienced/mature providers		✓	
	Collaboration between service providers who serve the frail elderly		✓	

Theme	Work Group Comments	Present Reality	Actions to Improve System	Vision
	Greater collaboration between MH and inhome support services and mobile services should make home visits		✓	
	Focus on longterm care and how that impacts overall health		✓	
	Mobile home services, especially for the very frail		✓	
	Implement prevention best practices to suicide prevention OA		✓	
	“Village” model		✓	
	Early intervention		✓	
	Separate division for older adults in MHD		✓	
	Host weekly medical behavioral + clinic at senior centers/local communities (Catholic Charities model)		✓	
	Dedicated OA division		✓	
	Envision single provider until they no longer need services		✓	✓
	Integration of services to better work together		✓	✓
	Using interdisciplinary teams within primary care		✓	✓
	Weekend multiservice centers as a preventative program		✓	✓
	Case management coordinated			✓
	Village to care for elders			✓
	Liaison that goes between services to have less people fall through the cracks			✓
	Facilitating building lifelong support systems through community services			✓
	Moving beyond the diagnosis; seeing the person, not the diagnosis			✓
	Prevention through community services multigeneration			✓
	Using Best Practices models in other countries and states			✓
	One-stop service centers			✓
	keep age specific			✓
	Group medical visit with MD, expert, SW, patients, caregivers, HIPPA releases			✓

Theme	Work Group Comments	Present Reality	Actions to Improve System	Vision
	Single funding pool for total OA population – On Lok model			✓
	Integrate MH + PC, dental, vision			✓
	Agency for Elder Care = Physical + MH Integrated/CoordinAted			✓
	Sensitive, effective communication for staff			✓
	Ombudsmen re: concerns			✓
	OA have one-hour visit			✓
	Home healthcare			✓
	Incentivize PCPs – pay well			✓

DRAFT
Family/Caregiver Inclusion and Support Theme
Work Group Comments

- ❖ **Family/Caregiver Inclusion and Support** - Discussions highlighted the critical importance of working closely and more effectively with family members and caregivers who assist seniors in order to gain a better understanding of their specific needs for education/training and support.



Theme	Work Group Comments	Present Reality	Actions to Improve System	Vision
Family/Caregiver Inclusion and Support	How are we meeting the needs of the caregiver?	✓		
	Need family involved with faith community	✓		
	Caregiver burnout over time	✓		
	Good caregiver support groups at Alzheimers Association	✓+		
	NAMI (National Alliance for Mental Illness)	✓+		
	Retired mental health workers volunteer		✓	
	Using MH consumers as advocates and mentors		✓	
	Family support groups for families with loved ones in LTC facilities		✓	
	Mental health support for caregiver		✓	
	Family support group		✓	
	Have caregivers realize it is okay to ask for help		✓	
	Peer Mentors model – accompany care person to navigate		✓	
	Encourage volunteerism within community to create or augment services			✓
	Support Groups + link together			✓
	Peers used to connect to OA			✓

DRAFT
Physical Health Theme
Work Group Comments

- ❖ **Physical Health** – Attendees frequently emphasized the value of the connection between mental health and physical health services in order to improve access to mental health and to more comprehensively address the multiple, entire person needs of seniors.



Theme	Work Group Comments	Present Reality	Actions to Improve System	Vision
Physical Health	Mental health needs	✓		
	Side effects of medication	✓		
	Isolation	✓		
	Differentiating between dementia/depression	✓		
	Dementia/depression – bouncing between medical/mental health services	✓		
	Physicians unaware of resources/services	✓		
	Psychiatrists – better track physical health issues	✓		
	PCPs feel nervous prescribing	✓		
	Antidepressants w/OA,	✓		
	Antipsychotics with OAs	✓		
	Meds were contraindicated in an HMO care audit	✓		
	Physical/MH fragmented care---including Emergency Responders	✓		
	Dementia-Alzheimers not a MHD treatment	✓		
	Creation of a “problem log” which could include gaps in services or unmet needs and where professionals could add items that the Directors of MHD, Social Services Agency, and the Mental Health Board that could review and address.		✓	
	Intergrative medical records (community nursing)			✓
	Providing self worth			✓

DRAFT
Policy Theme
Work Group Comments



❖ **Policy** - involved action required by decision makers at all levels to implement the desired changes.

Theme	Work Group Comments	Present Reality	Actions to Improve System	Vision
Policy	Resources not allocated to the right places	✓		
	Incidence of MH underreported so not always funded adequately	✓		
	MHD differentiates between MH issues + non-SMI issues	✓		
	Right to die issues/right to live	✓		
	HIPAA release not widely promoted/shared with family members	✓		
	Insufficient funding streams for Social Services	✓		
	Pay attention to seniors	✓+		
	Seniors agenda	✓+		
	City Commissioner		✓	
	Nursing home oversight		✓	
	Need to review HIPPA - difficulties for family caregivers to receive information from loved one's doctor		✓	
	OA Rights in SNFs, e.i., smoking (smokers allowed to smoke)			✓
	Maintain OA issues on the top burner everyone needs to speak up			✓
	Policy change – SB 810 – let public officials know/vote			✓
	Update means tests			✓
	Elder Care should include discussions of choice for care, right to live and die where want, self determination			✓
	Change unhelpful regulations			✓

DRAFT
Health Insurance and Social Supports Theme
Work Group Comments

Health Insurance and Social Supports – Attendees had many concerns and comments about the availability of affordable, comprehensive insurance for everyone; as well concerns about the importance of essential social services that greatly impact the quality of life and well being of seniors.



Theme	Work Group Comments	Present Reality	Actions to Improve System	Vision
Health Insurance Benefits				
	Confusion about charges - lack of explanation and sensitivity	✓		
	Charges for services are too high - more affordable services	✓		
	Fear of incurring high costs prevents many from seeking services	✓		
	Insurance companies not covering certain diagnoses/issues	✓		
	Few Psychiatrists accept Medicare	✓		
	How to get affordable healthcare	✓		
	Retirement +	✓		
	Skilled nursing facilities don't provide Alzheimer's care benefits-poor to no funding	✓		
	Longterm HC +	✓		
	Long-term care costly	✓		
	Seniors who are middle income (insurance may not cover)		✓	
	Change Medi-Cal rules for reimbursement		✓	
	Universal health insurance for mental health			✓
	Affordable assisted living community			✓
	Some low cost insurance for caregivers from State			✓
	Insurance coverage for support groups			✓
	Need single payor			✓

Theme	Work Group Comments	Present Reality	Actions to Improve System	Vision
Social Supports				
	Unassisted MH patients with complications → social isolation	✓		
	Transition to OA-hood	✓		
	Transportation challenges	✓		
	Isolation	✓		
	Lack of transportation options to get to appointments	✓		
	Need activity/socializing groups to normalize MH issues	✓		
	Public Administrator		✓	
	COA past and present contracts		✓	
	Yu Ai Kai		✓	
	EEC		✓	
	Avenidas			
	Senior Center – Cupertino		✓	
	Public Guardian		✓	
	Help with task division or practical things		✓	
	Link → community leaders		✓	
	Make seniors feel important		✓	
	Senior transportation program		✓	
	Eligibility and programs		✓	
	Transitional alternatives prior to revoking Driver’s License; host at local center – training		✓	
	Regional transportation issues – longterm		✓	
	More wraparound financial support and advocacy for caregivers			✓
	Services for uninsured			✓
	Transportation for elders			✓
	Leverage senior centers, community agencies/resources: better linkage			✓

DRAFT
Advocacy and Stigma Reduction Theme
Work Group Comments

- ❖ **Advocacy and Stigma Reduction** – Ultimately the system will not achieve the vision for a community that supports and cares for the health and well-being of our senior population if there is not a concerted effort to engage policy-makers and the broader private and public stakeholders in acknowledging the importance of mental health and social inclusion for all of our entire community. That means that issues of mental health stigma, ageism, and cultural exclusion must be a central feature of any effort to improve the system of community and services that supports seniors.



Theme	Work Group Comments	Present Reality	Actions to Improve System	Vision
Advocacy and Stigma Reduction	Stigma against working with faith groups	✓		
	Barriers to access Stigma	✓		
	Agism and internalized agism	✓		
	Stigma of aging	✓		
	Stereotypes of nursing homes	✓		
	Lack of advocates	✓		
	Stigma about MI = barrier	✓		
	Stigma in ethnic communities – very high	✓		
	Need family involved with faith community	✓		
	Senior Centers - -- Easy to find people	✓+		
	Protect person who wants to help (from legal stigma)		✓	
	More advocates for mental health consumers		✓	
	Don't be afraid to “get involved” call, check up, speak up		✓	
	“Sanga” support		✓	

Reduce agism			✓
MI should not stigmatize, treated as a problem to be fixed, humanity needs to be respected			✓
No stigma			✓
OA defined less by numerical age but by needs, acuity, topica, some issues			✓